

SUPPLEMENT ATTACHED

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 212

Registered No. _____

1. PLACE OF BIRTH

County GilaState Arizona

District or Township _____

City Payson

No. _____

St. _____

Ward _____

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Emmet M. Cain

{ If child is not yet named, make supplemental report, as directed.

3. Sex of Child

MaleTo be answered ONLY
in event of plural
births.

4. Twin, triplet or other _____

6. Legitimate? Yes5. No., in order of birth 2

7. Date

of birth

Month

Day

Year

Nov 29/1928

8.

FATHER

Full name

Emmet M. Cain

14.

MOTHER

Full maiden name

Violet Bell

9. Residence

(Usual place of abode)

Payson

15. Residence

(Usual place of abode)

PaysonIf non-resident, give place and state. Ariz.If non-resident, give place and state. Ariz.

10. Color or race

W

16. Color or race

W

11. Age at last birthday

31

(Years)

17. Age at last birthday

26

(Years)

12. Birthplace (city or place)

Calif.

(State or country)

18. Birthplace (city or place)

London, Eng.

(State or country)

13. Occupation

Nature of industry

Farmer

19. Occupation

Nature of industry

Her.20. Number of children of this mother 2(Taken as of time of birth of child herein
certified and including this child.)(a) Born alive and now living 2(b) Born alive but now dead 0

(c) Stillborn _____

21. Were precautions taken against oph-
thalmia neonatorum? Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 4:30 p.m. on the date above stated

(Born alive or stillborn.)

Signature Ch. RiserPhysician

(Physician or midwife).

Given name added from
a supplemental report

Month, day, year

Address Payson Ariz.Filed Dec 1, 1928Ch. Riser

Registrar

Registrar

545-1129-523